07/28/2009 16:00

Image# 29992517440

## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE 401 N. Lindbergh Blvd ADDRESS (number and street) Check if different than previously St. Louis МО 63141 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00293910 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James R. Bowlin Type or Print Name of Treasurer Electronically Filed by James R. Bowlin 07 28 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/29

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

D D <sup>®</sup> D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 132015.74 January 1 (b) Cash on Hand at 132015.74 Begining of Reporting Period ..... 19660.00 19660.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 151675.74 151675.74 6(a) and 6(c) for Column B) ..... 75000.00 75000.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 76675.74 76675.74 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

## AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

01 м м 0 1 м°м 06 30 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 16175.00 16175.00 (i) Itemized (use Schedule A) ...... 2485.00 2485.00 (ii) Unitemized ..... (iii) TOTAL (add 18660.00 18660.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18660.00 18660.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 1000.00 1000.00 Political Committees .....

<ol><li>Transfers from Non-Federal and Levin Funds</li></ol>	18.	Transfers	from	Non-Federal	and	Levin	Funds
--	-----	-----------	------	-------------	-----	-------	-------

(Dividends, Interest, etc.) .....

(a) Non-Federal Account	
(from Schedule H3)	

(b) Levin	Funds	(from	Schedule	H5)	
(D) LCVIII	i unus	(11011)	Ochicadic	110)	••••

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

	` '	•	` '	,
4.0	T		4471	
19.	Total Receipts	(add Lines	311(d),	

20.	Total Federal Receipts
	(subtract Line 18(c) from Line 19)

17. Other Federal Receipts

 0.00				0.00



		19660.00	

19660.00

0.00

0.00

					19660	0.00	
_	_	_	_	_		_	_

0.00

0.00

0.00

19660.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	75000.00	75000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75000.00	75000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	75000.00	75000.00
	from Line 31)	75000.00	73000.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

III. Ne	et Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) 1(d), page 3)	18660.00	18660.00
	ibution Refunds 28(d))	0.00	0.00
	utions (other than loans) ne 34 from Line 33)	18660.00	18660.00
	al Operating Expenditures 1(a)(i) and Line 21(b))	0.00	0.00
	Operating Expenditures 15, page 3)	0.00	0.00
•	ng Expenditures ne 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Raymond George, Sr.  Mailing Address 27 Du Carl Dr  City Lincoln  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code RI 02865  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 1 1 4 2 0 0 9  Transaction ID: 4917116  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Marlin S. Salmon  Mailing Address 412 Garden Dr  City  Batavia  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code NY 14020-1718  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 1 4 2 0 0 9  Transaction ID: 4917118  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Joel Martinez  Mailing Address 1001 Highland  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501-4019  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any person	FOR LINE NUMBER: PAGE 7 / 29 (check only one)  X 11a
7	or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHOT Full Name (Last, First, Middle Initial)			
Α.	Dr. Eloisa S. Garcia  Mailing Address 214 Keystone			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City River Forest	State IL	Zip Code 60305	Transaction ID: 4917164  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	250.00
	Name of Employer Self-Employed	Occupatio Orthodor	ntist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. John Kyle Sparkman			Date of Receipt
	Mailing Address 4609 Spartanburg Dr			0 1 1 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 4917165
	Amarillo	TX	79119-6435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Mark Rarrick			Date of Receipt
<b>.</b>	Mailing Address 395 Crooked Creek Rd			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City Gettysburg	State PA	Zip Code 17325-7424	Transaction ID: 4917166  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		7
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF OR	g the name and address	of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W. Keith Harvey  Mailing Address 4201 Wilkinson Wa	ay		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Mobile  FEC ID number of contributing		Zip Code 36608	Transaction ID: 4917169  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Orthodontist Aggregate Year	-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr. David C. Spokane Mailing Address 108 Brian Dr			Date of Receipt  0 1
City Beaver		Zip Code 15009-9794	Transaction ID: 4917170  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist Aggregate Year	-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John S. Kacewicz			Date of Receipt
Mailing Address 225 Narragansett E			01 28 2009
City Warwick	State RI	Zip Code 02889	Transaction ID: 4954049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Howard L. Hunt Mailing Address 3345 Antoinette Ct City Arcata FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code CA 95524-9322  C  Occupation Orthodontist  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  2 8 2 0 0 9  Transaction ID: 4954052  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial) Dr. John D. Callahan Mailing Address 2425 E Lake Rd  City Skaneateles  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code NY 13152-8903  C  Occupation Orthodontist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 1 28 2009  Transaction ID: 4954743  Amount of Each Receipt this Period  250.00
Other (specify)  Full Name (Last, First, Middle Initial) Dr. Michael R. LaFerla  Mailing Address 3727 Spring Hill  City  Joplin  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code MO 64804  C  Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional) .	Orthodontist  Aggregate Year-to-Date ▼  500.00	1500.00

or for commercial purposes, oth  NAME OF COMMITTEE (Ir	ch Reports and Statements maner than using the name and a		13     14     15     16     17
1 1	- F .IIV	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMENICAN ASSOCIAT		TS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Midd Dr. Maxine V. Clark Mailing Address 3102 Du	,		Date of Receipt
	unkagle Ct	7'- 0-4-	02 05 2009
City Bowie	State MD	Zip Code 20721	Transaction ID: 4967966  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.			500.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Gen  Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. Darrell Clark			Date of Receipt
Mailing Address 3102 Du	unkagle Ct		02 05 2009
City	State	Zip Code	Transaction ID: 4967967
Bowie  FEC ID number of contribut federal political committee.	MD C	20721	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Gen  Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. Philip M. Mansour	le Initial)		Date of Receipt
Mailing Address			02 05 2009
City	State	Zip Code	Transaction ID: 4967968  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing		500.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For:  Primary Gen  Other (specify) ▼		te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (optional)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Maria Cristina Castellvi Mailing Address Cond Parque Rea		Date of Receipt  0 2 0 5 2 0 0 9
City Guaynabo	State Zip Code PR 00969	Transaction ID: 4968387  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Wanda Irene Claro Mailing Address 29 Plumeria		Date of Receipt  0 2 0 5 2 0 0 9
City	State Zip Code	Transaction ID: 4968388
Irvine	CA 92620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Moss, Jr. Mailing Address 349 Hickory Grove	e Rd	Date of Receipt  0 2 0 5 2 0 0 9
City	State Zip Code	Transaction ID: 4968389
Leesburg	GA 31763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Booking This Book (self-	nal)	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 / 29 (check only one)
	TEMIZED RESERVES		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. William J. Glenos, Jr.			Date of Receipt
	Mailing Address 107 Inlet Dr Anastasia	Island		02 05 2009
	City	State	Zip Code	Transaction ID: 4968390
	Saint Augustine	FL	32080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Michael G. Durbin			Date of Receipt
	Mailing Address 408 Cherry Creek Ln			02 05 7 2009
	City	State	Zip Code	Transaction ID: 4968391
	Prospect Heights	<u>IL</u>	60070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Richard I. Goldberg			Date of Receipt
	Mailing Address 1100 Horse Run Ct			0 2 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 4968392
	Chesterfield	MO	63005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1050.00
L	<u> </u>		<u> </u>	

TOTAL This Period (last page this line number only) ......

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME	nation copied from such Reports and St Imercial purposes, other than using the OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.  MMITTEE
Mailing City Colur FEC II federal	ame (Last, First, Middle Initial) vid S. Williams p Address 2203 Golf Club Ln  nbia D number of contributing political committee.  of Employer mployed	State TN C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receip		Orthodor Aggregate	e Year-to-Date ▼ 250.00	]
Dr. Ste	ame (Last, First, Middle Initial) ven H. Tinsworth g Address 704 51st St NW			Date of Receipt  0 2 0 6 2 0 0 9
federal	O number of contributing political committee.	State FL	Zip Code 34209-1932	Transaction ID: 4972480  Amount of Each Receipt this Period  250.00
Receip	of Employer mployed  of For:  Primary General  Other (specify)	Occupatio Orthodor Aggregate		
Dr. Joh	ame (Last, First, Middle Initial) in A. Diddle g Address 5301 Hickory Hollow Ro	oad		Date of Receipt  0 2 2 7 2 0 0 9
City Knoxy		State TN	Zip Code 37919	Transaction ID: 5000823  Amount of Each Receipt this Period
federal	O number of contributing   political committee.  of Employer mployed	Occupatio		250.00
Receip		Orthodor Aggregate	e Year-to-Date ▼ 250.00	]
SUBTO	AL of Receipts This Page (optional)			750.00

			FOR LINE NUMBER: PAGE 14 / 29
,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
Г			
	Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	ents may not be sold or used by any perso and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN ASSOCIATION OF ORTHODO	NTISTS POLITICAL ACTION COM	MITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Michael B. Rogers		Date of Receipt
	Mailing Address 3214 Candace Dr		02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 5000825
		GA 30909	Amount of Each Receipt this Period
		art 30303	Amount of Each Neceipt this Feriod
	FEC ID number of contributing federal political committee.		250.00
	Self-Employed	ccupation rthodontist	
			_
	Primary General	ggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial)		Date of Receipt
О.	Dr. Jeffrey W. Jordan		┪
	Mailing Address 1040 Lake Shore Overlook		02 27 2009
	•	State Zip Code	Transaction ID: 5005256
	<u>Alpharetta</u> (	GA 30005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Self-Employed 1	ccupation rthodontist	
	<del>   </del>		_
	Receipt For:  Primary General	ggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
- С.	Full Name (Last, First, Middle Initial) Dr. W. Eugene Roberts		Date of Receipt
O.	Mailing Address 8260 Skipjack Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 5005257
	-	N 46236	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		
	Solf Employed	ccupation rthodontist	
	- · · · · · · · · · · · · · · · · · · ·	ggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	250.00	
			' [
Γ			
	CURTOTAL of Descints This Descriptions		1000.00
L	SUBTOTAL of Receipts This Page (optional)	<u>-</u>	

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to ODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Kay W. O'Leary  Mailing Address 18590 Arapahoe Cir  City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code FL 33948  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 5028553  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Dennis L. Granberry  Mailing Address 105 Darby Rd  City  Hattiesburg  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code MS 39402  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles J. Ruff Mailing Address 5 Thomas Dr  City Waterville  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code ME 04901  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael DeLuke		Date of Receipt
Mailing Address 29 Bancker Ave  City	State Zip Code	0 3 1 2 2 0 0 9  Transaction ID: 5028556
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Derek M. Busciglio		Date of Receipt
Mailing Address 2603 Trapnell Rd E		03 / 13 / 2009
City Plant City	State Zip Code FL 33566-4619	Transaction ID: 5030326
FEC ID number of contributing federal political committee.	FL 33566-4619	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James D. Campbell		Date of Receipt
Mailing Address 3107 W 30th Ct		03 / 17 / 2009
City	State Zip Code	Transaction ID: 5034735
Panama City  FEC ID number of contributing federal political committee.	FL 32405	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perhe name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Datwyler  Mailing Address 2840 Royal Park Dr		Date of Receipt
City	State Zip Code	0 3 2 6 2 0 0 9 Transaction ID: 5081156
Cameron Park	CA 95682	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ralph DeDomenico	1	Date of Receipt
Mailing Address 18105 Crawley Rd		03 26 2009
City	State Zip Code	Transaction ID: 5081158
Odessa  FEC ID number of contributing federal political committee.	FL 33556	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David C. Spokane		Date of Receipt
Mailing Address 108 Brian Dr		0 4
City Beaver	State Zip Code PA 15009-9794	Transaction ID: 5137880  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		750.00

TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. W. Keith Harvey		Date of Receipt
Mailing Address 4201 Wilkinson Wa	y	04 14 2009
City	State Zip Code	Transaction ID: 5137881
Mobile	AL 36608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Roland K. Fulcher		Date of Receipt
Mailing Address 113 Tea Farm Rd		04 14 2009
City	State Zip Code	Transaction ID: 5137886
Summerville	SC 29483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward S. McCallum		Date of Receipt
Mailing Address 109 Northwoods Ro	3	0 4
City	State Zip Code	Transaction ID: 5137887
Greenwood	SC 29646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)	THOODON 11313 FOLITICAL ACTION COM	INVITTEE
Dr. M. Donald Hayes  Mailing Address 737 Timberlane		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 5196261
Wilmington	OH 45177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh	I	Date of Receipt
Mailing Address 1848 Ashton Way	,	05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5196262
Chesterfield	MO 63005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Y. Ogata	I	Date of Receipt
Mailing Address 5594 176th PI SE		05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Bellevue</u>	State Zip Code WA 98074	Transaction ID: 5199091  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1625.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any per using the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven H. Tinsworth Mailing Address 704 51st St NV  City Bradenton FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code FL 34209-1932  C Occupation Orthodontist	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 2 0 9  Transaction ID: 5199092  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John C. Griffiths  Mailing Address 9805 Glenrock		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Las Vegas</u> FEC ID number of contributing federal political committee.	State Zip Code NV 89134	Transaction ID: 5199093  Amount of Each Receipt this Period  1000.00
Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Orthodontist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald K. Risinger  Mailing Address 8487 IH 10 We	st	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orange	State Zip Code TX 77630	Transaction ID: 5245127  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation	250.00
Receipt For:  Primary General  Other (specify) ▼	Orthodontist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (or	tional)	1500.00

SCHEDULE A (FEC Form 3X)  ITEMIZED RECEIPTS  Use separate school for each category Detailed Summary	of the
Any information copied from such Reports and Statements may not be sold or used to or for commercial purposes, other than using the name and address of any political commercial purposes.	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACT	TION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. John F. Buzzatto  Mailing Address 4012 Letort Lane  City State Zip Code	Date of Receipt    M M M
Allison Park PA 15101-3131  FEC ID number of contributing federal political committee.  C	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Occupation Orthodontist  Receipt For:  Primary  General  Occupation Orthodontist  Aggregate Year-to-Date ▼	250.00

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	16175.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by a e name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTIO	N COMMITTEE
Full Name (Last, First, Middle Initial) Salazar For Senate Mailing Address PO Box 600		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 4994828
Denver  FEC ID number of contributing federal political committee.	C 80201 C C00397679	Amount of Each Receipt this Period  1000.00
Name of Employer	Occupation	
Receipt For: 2010 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 1000.	.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER		-	BER: PAGE 23/29			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, 	(check only 21b 27	y one) 22 x 28a	23 28b	24 28c	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								s
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL A	CTIC	N COMM	IITTEE				
<u></u>	Full Name (Last, First, Middle Initial) Doggett For Us Congress				Transact Date of D			78	
	Mailing Address PO Box 5843				0,3	<sup>′</sup> 0	3 /	200	9 <sup>Y</sup>
	City Austin	State Zip Code TX 78763			Amount	of Each	Disburse	ment this	
	Purpose of Disbursement			011				5000.0	0
	Candidate Name Rep. Lloyd Doggett			tegory/ Γype					
	Senate X President	ement For: 2010 Primary General Other (specify)							
_	State: TX District: 25								
	Full Name (Last, First, Middle Initial) Matsui For Congress				Date of D		ement		V
	Mailing Address PO Box 1738				0 3	, DO	3 /	ž 0 ŏ	9
	City Sacramento	State Zip Code CA 95812			Amount	of Each	Disburse	ment this	
	Purpose of Disbursement			011		-		5000.0	0
	Candidate Name Rep. Doris Matsui		1	tegory/ Гуре					
	Office Sought:  X House Senate President  State: CA District: 05	ement For: 2010 Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) Evan Bayh Committee				Transact Date of D			80	
	Mailing Address PO Box 441749				0 3 M	<sup>′</sup> 0	<sup>D</sup> / Y	ž 0 ŏ	9 <sup>Y</sup>
	City Indianapolis	State Zip Code IN 46204			Amount	of Each	Disburse	ment this	Period
	Purpose of Disbursement			011				5000.0	0
	Candidate Name Sen. Evan Bayh			tegory/ Γype					
	X Senate X President	ement For: 2010 Primary General Other (specify)							
	State: IN District:  UBTOTAL of Disbursements This Page (optional)			▶			1	5000.00	<b>D</b>
								1 1 1	
1 '	OTAL This Period (last page this line number only	)							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	E NUMBER: PAGE 24 / 29					
ITEMIZED DISBURSEMENTS	LED DISBURSEMENTS for each category of the content							
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25	26 30b		
Any Information copied from such Reports and Stater	nents may not be sold or used b							
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	ONITIOTO DOLUTIONI ACT	TION 001414	<b></b>					
AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL ACT	HON COMMI	IIEE					
Full Name (Last, First, Middle Initial)			Transaction ID	: 50858	14			
Nathan Deal for Congress			Date of Disburs					
Mailing Address P O Box 902			03	3 0 / Y	žoŏ	9 <sup>Y</sup>		
City Gainesville	State Zip Code GA 30503		Amount of Each	n Disburse	ment this	Period		
Purpose of Disbursement		011			5000.0	0		
Candidate Name Nathan Deal		Category/ Type						
	ement For: 2010 Primary General Other (specify)							
State: GA District: 10								
Full Name (Last, First, Middle Initial)			Transaction ID		15			
Price For Congress			Date of Disburs	D / V	Y Y	Y		
Mailing Address P.O. Box 425			03 / 5	3 0 / _ '	žοŏ	9		
City Roswell	State Zip Code GA 30077		Amount of Each	n Disburse	ment this	Period		
Purpose of Disbursement	ar ocorr				5000.0	0		
-		011						
Candidate Name Rep. Thomas Price, M.D.		Category/ Type						
	ement For: 2010	1 700						
Senate X	Primary General							
President State: GA District: 06	Other (specify)							
Full Name (Last, First, Middle Initial)			Transaction ID	. E00E0	16			
Ben Cardin for Congress			Date of Disburs		10			
Mailing Address 100 East Pratt Street 27	th Floor		03 <sup>M</sup> /	3 0 / Y	200	9 Y		
Too East Fratt Street 27	III FIOOI							
City Baltimore	State Zip Code MD 21202		Amount of Each	n Disburse	ment this	Period		
Purpose of Disbursement	IVID Z1Z0Z				5000.0	0		
<u> </u>		011						
Candidate Name Benjamin Cardin		Category/ Type						
	ement For: 2010	. ,,,,						
Senate	Primary General							
President State: MD District: 03	Other (specify)							
Sidio. IVID DISTINCT. 00								
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		1	5000.0	0		
TOTAL This Period (last page this line number only	)							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 25/29		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	and address of any political cor	THITILLEE TO SOM	on contributions from s	uch committee		
AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL ACTI	ON COMMI	TTEE			
Full Name (Last, First, Middle Initial) Nathan Deal for Congress			<b>Transaction ID:</b> 50 Date of Disbursemen			
Mailing Address P O Box 902			03	2009		
Gainesville	State Zip Code GA 30503		Amount of Each Disk	oursement this Period		
Purpose of Disbursement Void - Nathan Deal for Congress		011		-5000.00		
Candidate Name Nathan Deal		Category/ Type				
President	ment For: 2010 Primary General Other (specify) ▼		Void - Nathan Dea ngress	ll for Co-		
State: GA District: 10  Full Name (Last, First, Middle Initial)			<b></b>	201010		
Dan 10			Transaction ID: 52 Date of Disbursemer	nt		
Mailing Address 1088 Bishop Street Suite	1009		06 / 29	<sup>Y</sup> 2009 <sup>Y</sup>		
•	State Zip Code HI 96813		Amount of Each Disk	oursement this Period		
Purpose of Disbursement		011		5000.00		
Candidate Name Sen. Daniel Inouye	C	Category/ Type				
President	ment For: 2010 Primary General Other (specify)					
State: HI District: Full Name (Last, First, Middle Initial)						
Michael Burgess For Congress			Transaction ID: 52 Date of Disbursemer	nt		
Mailing Address PO Box 2334			06 29	2009		
	State Zip Code TX 76202		Amount of Each Disk	oursement this Period		
Purpose of Disbursement		011		5000.00		
Candidate Name Rep. Michael Burgess, M.D.	C	Category/ Type				
Office Sought:  X House Senate President State: TX District: 26	ment For: 2010 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .				5000.00		
TOTAL This Period (last page this line number only)						

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		'   Use sep	CANATATA CONGOLIIA(C)		NUMBER: PAGE 26 / 29
			Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
						for the purpose of soliciting contributions licit contributions from such committee
$\rangle$	NAME OF COM	•				
	Full Name (Last, Ryan For Con	First, Middle Initial)				Transaction ID: 5261314 Date of Disbursement
	Mailing Address	P. O. Box 1919				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & D & D \\ D & D & D \end{smallmatrix} \end{bmatrix} $
	City Janesville		State WI	Zip Code 53547		Amount of Each Disbursement this Perio
	Purpose of Disbo				011	5000.00
	Rep. Paul Rya	ุ่เท	Nahamana I Fam	2010	Category/ Type	
	Office Sought:	Senate President	Disbursement For:  X Primary Other (sp	2010 General ecify)		
	State: WI Full Name (Last,	District: 01 First, Middle Initial)				Transaction ID: 5261345
	Cantor for Cor	ngress				Date of Disbursement
	Mailing Address	4914 Fitzhugh Ave	Ste 202			06 06 7 29 7 2009
	City Richmond		State VA	Zip Code 23230		Amount of Each Disbursement this Perio
	Purpose of Disb				011	5000.00
	Candidate Name Eric Cantor				Category/ Type	
	Office Sought: State: VA	X House C Senate President District: 07	Disbursement For:  X Primary  Other (sp	2010 General ecify) ▼		
		First, Middle Initial)				Transaction ID: 5261357 Date of Disbursement
	Mailing Address	Post Office Box 10	91			06
	City Tuscaloosa		State AL	Zip Code 35403		Amount of Each Disbursement this Perio
	Purpose of Disb				011	5000.00
	Candidate Name Sen. Richard	Shelby			Category/ Type	
	Office Sought:	House C X Senate President	Disbursement For:  X Primary  Other (sp	2010 General ecify)		
	State: AL	District:				

		3 (FEC Form	-	Use sepa	arate schedule(s)		LINE NUMBER: PAGE 27 / 29 k only one)
ITE	MIZED DIS	SBURSEMEN			category of the Summary Page	l —	b 22 X 23 24 25
							son for the purpose of soliciting contributions to solicit contributions from such committee
\ NA	AME OF COM	MITTEE (In Full)					
	•	First, Middle Initial) urr Committee					Transaction ID: 5261369 Date of Disbursement
Ma	ailing Address	The Richard Book 5928	urr Committe	ee			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Cir W	ity /inston-Salen		Sta No		Zip Code 27113		Amount of Each Disbursement this Period
_	urpose of Disbu	rsement				011	5000.00
Ri	andidate Name ichard Burr		T =			Category Type	
	ffice Sought:	X Senate President		ent For: rimary Other (spe	2010 General		
Fu	,	District: First, Middle Initial) nate Committee Ir					Transaction ID: 5261382
_	ailing Address	PO Box 12425	IC .				Date of Disbursement  M M
Ci Ci	ity olumbia		Sta S(		Zip Code 29211		Amount of Each Disbursement this Period
_	urpose of Disbu	rsement				011	2500.00
	andidate Name en. James De	eMint				Category Type	
	ffice Sought:	House X Senate President District:		ent For: rimary other (spe	2010 General		
Fu	ull Name (Last,	First, Middle Initial) nate Committee	1				Transaction ID: 5261383 Date of Disbursement
Ma	ailing Address	PO Box 977					06
Cir M	ity Iuskogee		Sta Ol		Zip Code 74402		Amount of Each Disbursement this Period
	urpose of Disbu	rsement				011	2500.00
	andidate Name om Coburn		I 5: :			Category Type	
	##: C la # .	House	Disburseme		2010		
	ffice Sought:	χ Senate President		rimary ther (spe	General		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 2 28c 29 3		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL AC	CTION COMM	TTEE			
Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate			Transaction ID: 5			
Mailing Address P.O. Box 1948			06 7 29	2009		
•	State Zip Code ID 83701		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement  Candidate Name		011		2500.00		
Sen. Mike Crapo  Office Sought: House Disburse	ment For: 2010	Category/ Type				
X Senate X President	Primary General Other (specify)					
State: ID District:  Full Name (Last, First, Middle Initial)  Grassley Committee			Transaction ID: 5			
Mailing Address PO Box 1000			0 6 Disburseme	Y 2009		
•	State Zip Code IA 50304		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement		011		5000.00		
Candidate Name Chuck Grassley		Category/ Type				
Office Sought:    House   Disburse   X     President     State: IA   District:	ment For: 2010 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) Charlie Crist for United States Senate			Transaction ID: 5 Date of Disburseme			
Mailing Address PO Box 1694			06 7 29	y žoýg <sup>y</sup>		
	State Zip Code FL 32302		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement  Candidate Name		011 Category/		5000.00		
Gov. Charlie Crist  Office Sought: House Disburse	ment For: 2010	Type				
· — —	Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .				12500.00		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		D105 00/65	
,	Use separate schedule(s)	FOR LINE NUMBER (check only one)	: PAGE 29/29
ITEMIZED DISBURSEMENTS	for each category of the		
	Detailed Summary Page		X 23 24 25 26
	<u> </u>	27 28a	28b 28c 29 30b
Any Information copied from such Reports and Statem			ŭ
or for commercial purposes, other than using the name	and address of any political cor	nmittee to solicit contrib	utions from such committee
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTHODO	NTISTS POLITICAL ACTI	ON COMMITTEE	
/			
Full Name (Last, First, Middle Initial)		Transac	ction ID: 5261399
Gingrey For Congress			Disbursement
		М М	/ D D / Y Y Y Y
Mailing Address PO Box U		0.6	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
7	State Zip Code	Amount	of Each Disbursement this Period
Marietta	GA 30060		
Purpose of Disbursement			2500.00
		011	
Candidate Name	C	ategory/	
Rep. Phil Gingrey, M.D.		Type	
Office Sought: X House Disburse	ment For: 2010		
Senate X	Primary General		
President	Other (specify)		
State: GA District: 11			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	75000.00